

4063

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Graham ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 District of Duncan State Index No. 222
 ORIGINAL CERTIFICATE OF BIRTH
 Town of Duncan Co. Register No. 130
 or
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD _____ Born _____ NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

Sex of Child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 31</u> 19 <u>22</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph David Wilkins</u>			Full Maiden Name <u>Clara Ellen Lack</u>		
Residence <u>Duncan Ariz</u>			Residence <u>Duncan Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday <u>44</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	
Birthplace <u>Alabama</u>			Birthplace <u>Utah</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>6th</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 31, 1922, at 3 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. H. Bruley M.D.
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191_____

Address Duncan Ariz

Filed 9/10 1922

A True Copy

Filed SEP 15 1922 191_____

162-831-332

COUNTY REGISTRAR.

LOCAL REGISTRAR

COUNTY REGISTRAR.

cian or midwife with each local Registrar within 10 days after birth.